



Food: social glue for older people

(SENIOR FOOD-QOL)

The social life of many older people revolves around food. The procurement of food is an activity of social significance in all societies and this project analysed these social networks and their effect on access to food for older people. It also sought to investigate the wider influences on dietary choices in advancing age across Europe. The project revealed that older people often do not get the food they want or need and shed light on the specific nutritional challenges they face. These results will be used to develop improved strategies for the nutritional well-being of older people and hence their independence and quality of life as well as informing food companies' future product development and innovation for the older consumer.

What the older consumer wants



Stock exchange

Food is very important for older people in many different ways. Through shopping, choosing and preparing food, deciding where and what to eat and with whom, older people are closely involved in activities that keep them connected with their friends, families and community. These social networks have a huge impact on food procurement in helping people

to access food and food services, improving health, independence and quality of life.

The SENIOR FOOD-QOL project investigated a wide range of food procurement issues surrounding older people, with particular emphasis on comparing the differences between men and women, people living alone and with others and even between younger old versus older old. With an ageing population, it is increasingly important to understand the barriers and constraints experienced by older people when trying to obtain a healthy diet. The development of targeted food products and services, health and social support to reduce barriers should help to prevent the risk of sub-optimal nutrition for some older people living at home. Ultimately, older people will get more out of life if they are not having to compromise on receiving the sort of food and meals they prefer.

Surveying attitudes and beliefs

The project identified the problems older people encounter in obtaining and preparing food to meet their specific needs and preferences. Each stage in the process from purchase to consumption was examined, including food retail access, choice of products and meal preparation challenges. Issues under the SENIORFOOD-QOL spotlight included: factors that affect how older people choose their food; how and why they buy it and how they plan meals; how satisfied they are with food and catering services; how older people use formal and informal networks to buy, prepare and eat food; what meals mean to people as they get older and their circumstances change; and what older people want to get out of food and everyday meals.

Attitudes and beliefs that influence food choices were surveyed by the SENIORFOOD-QOL project partners, including perceptions of food-related health risks, functional foods, nutritional claims and retail practices. The importance of activities related



Consumer science

to food procurement was also reviewed. This involved looking into social roles and relationships, economic factors, health status and how these influence the quality of diet.

Not getting what they want?

The research showed that older people are not always getting what they want or need. Food and meal providers assume they know what older people want in terms of food products, shopping and meal experiences, but in many instances they either do not ask them at all, or do not ask them in ways which deliver honest feedback.

Across all countries, users of day centres and meals on wheels tend to be reluctant to complain formally about meals that are poorly prepared or presented. The challenge for local authorities and food service providers is to obtain accurate feedback that will provide a mandate for change and ensure that older customers are really getting the quality and choice they deserve. Access to foods and food services that meet the nutritional needs of older people is vital to tackle the high rate of malnutrition seen in older people admitted to hospital. Appetite, followed by sharing meals with others and the social aspects of eating, and good health were found to be factors with the highest impact on older people's satisfaction with their food-related life.

Senior citizens' attitude to 'convenience food' was complex with overtones of guilt and restriction. In contrast, most participants taking part in the project wanted food to be convenient in terms of it being easy to carry home, store and prepare. However, notions like 'functional food' were not well understood and had negative connotations in terms of food as 'medicine' rather than a source of pleasure.

Changes in personal circumstances, such as loss of a partner, can change food patterns dramatically. In general, it was found that women cope better than men with this situation. In parallel, the study found that more people are forming new relationships in later life, often living separately but sharing food shopping, preparation and meals.

Food as social glue

Without doubt, SENIORFOOD-QOL has shown that food is the glue that helps keep older people connected to their family, friends and neighbourhoods. This complex social food network contributes hugely to the health, independence and quality of life for adults in their later years. This finding is valuable input for formulation of public policies to support such networks that can benefit public health.

The study also shows that food manufacturers and service providers need to devise ways to obtain more and better feedback directly from older consumers to inform food product and service innovation.

More information

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Project Essentials

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Project Collaborators:

University of Surrey (UK), National Institute of Research in Food and Nutrition (IT), Federal Research Centre for Nutrition (DE), University of Porto (PT), University of Barcelona (ES), Uppsala University (SE), University of Warmia and Mazury (PL), Aarhus Business School (DK), Warsaw Agricultural University (PL), Sodexo Healthcare (UK)